



FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit:	RTF-0014	Audit Name:	RTF ROV 20161020
Facility Name:	PALMETTO PEE DEE RESIDENTIAL TREATMENT CENTER	Type:	L07 Investigation
Address:	601 GREGG AVE STE B	Start Date:	22 May 2018 10:06 AM
City/State/Zip:	FLORENCE, SC 29501-4316 Florence	End Date:	22 May 2018 03:03 PM
Phone 1:	843-667-0644	Inspector:	Erika Edwards
Email:	DANIEL.EICHELBERGER@UHSINC.COM		
Contact Name:	DANIEL EICHELBERGER		
Contact Email:	null		
Contact Phone:	843-667-0644		

Overall Score
0.0%

Report Notice

Question ID	Question	Answer
NOTICE01	<p>Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708</p> <p>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</p>	Report Notice

Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	<p>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</p> <p>(1) the actions taken to correct each cited deficiency,</p> <p>(2) the actions taken to prevent similar recurrences, and</p> <p>(3) the actual or expected completion dates of those actions.</p>	POC REQUIRED

<p>PRINT NAME: _____</p> <p>TITLE: _____</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p> <p>Any violations cited in this report of visit were observed at the time of the inspection.</p> <p>The Administrator submits an electronic plan of correction by visiting the website http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/ and following the instructions online.</p> <p>Or the Administrator returns a copy of this report (original signature required) with description of corrective actions to:</p> <p>SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201</p> <p>Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:</p> <p>Comments</p> <ul style="list-style-type: none"> • <i>The Plan of Correction (POC) is due 15 days from receipt of this Report of Visit (ROV).</i> 	
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Inspection Information

Question ID	Question	Answer
COMBO-LIC	Inspection Includes Licensing:	YES
COMBO-FOOD	Inspection Includes Food/Sanitation:	NO
COMBO-FLSC	Inspection Includes Fire & Life Safety:	NO
ONSITE	Is this an On-Site Visit?	YES
INSP	Select the Type of Inspection to be Performed:	RTF Complaint Investigation
COMPL-01	Section Team Log Number: Comments <ul style="list-style-type: none"> • <i>M04053-18</i> 	Section Team Log Number
COMPL-03	Reason for Investigation: Comments <ul style="list-style-type: none"> • <i>A complaint (#M04053-18) was received by the Department on 4/24/18. The complaint alleged the following:</i> <p><i>(1). A resident's arm was broken by staff.</i></p> <p><i>(2). Riot like type of fights are occurring almost daily, and elopements also. A female staff member was just seen in the emergency room due to harm caused while residents were fighting.</i></p> <p><i>(3). The facility is extremely short staffed and often times it's one person responsible for over 20 residents. Staffing is especially short on weekend a 3rd shift.</i></p> <p><i>(4). There is a lack of supervision. Residents are having sexual relations with each other. Residents have been seen by the public outside on top of the roof of the building. The executive director is well aware of what is happening, but is key in covering up the facts.</i></p> 	Reason for the Investigation.
COMPL-04	What is the Source:	Consumer Complaint

COMPL-10	Date Agency (DHEC) Notified: Comments <ul style="list-style-type: none">4/24/18	Date Agency (DHEC) Notified:
COMPL-05	Detailed Results of this Investigation: Comments <ul style="list-style-type: none"><i>To investigate this complaint, an unannounced on-site visit was made to the facility by (7) representatives of the Department. The investigation consisted of the following:</i> <i>(1).A review of (9) resident records which included individual treatment plans, physical examinations, 15 minute observations forms, assessments, medication administration records,therapy notes, and physician's orders.</i> <i>(2). A review of the Elopement Precautions for PRTF's CS policy 025.</i> <i>(3). A review of the Seclusion/Restraint/Physical Hold Policy Clinical CS policy 039.</i> <i>(4). A review of the Staffing Ratios Clinical CS Policy 042.</i> <i>(5). A review of the Resident Observation Policy.</i> <i>(5). A review of accident/incident reports for 2018.</i> <i>(6). An interview with the Administrator, Maintenance Director, Resident Services Director.</i> <i>As a result of this investigation, the following violations of SC Code Ann (Supp. 2016) Regulations 61-103, Residential Treatment Facilities for Children and Adolescents, were cited</i>	Detailed Results
COMPL98	Is this an Unlicensed Facility/Activity Complaint?	NO
COMPL-06	Has the Initial QI Review Been Completed?	NO
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit? Comments <ul style="list-style-type: none">Vanessa Stafford, Joan Mortan, Ivy Wilks, James Holmes, Norman Bradley	YES

RTF Regulation Sections 100 - 400

Question ID	Question	Answer
R-61-103-400.A1	<p>400.A.1. Written policies and procedures addressing each section of this regulation regarding resident care, rights, and the operation of the facility shall be developed and implemented, and revised as required in order to accurately reflect actual facility operation. Each facility shall have a clear written statement of its purpose and objectives. This policy shall include a specifically delineated description of the services the facility offers, in order to provide a frame of reference for judging the various aspects of the program. The policy shall also include: 1. The population to be served, age groups, and other limitations; (Class II Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> <i>The facility staff did not implement its Staffing Ratio Policy CS policy 042 which documented the following procedure:</i> <i>Residents shall remain in sight and sound observation range at all times.</i> <i>An incident statement [REDACTED] by Staff member A documented that while doing rounds on the recreation yard, staff noticed that Resident A from the [REDACTED] unit was not on the yard. Staff immediately reported to the team lead who came outside to check on staff. While double checking, staff then noticed that Resident B from the [REDACTED] unit was not on the recreation yard either. Both team lead and staff walked into the activity</i> 	OUT (Repeat)

room and observed Resident B walking out of the [REDACTED] When confronted Resident B stated that non gave him/her permission to go in the bathroom. Staff then checked the [REDACTED] and found Resident A standing in the corner some of his/her clothing on the floor.

An incident statement [REDACTED] by Staff member B documented that Staff member B returned to the recreation yard to check on units on the yard and found the staff standing in the corner. [REDACTED] went over to the staff and directed them to spread out then another staff told Staff member B tha [REDACTED] was missing one Resident A.

Another incident statement [REDACTED] documented that Resident B told staff s/he was mad. Resident B then told staff s/he had to go use the restroom because his/her stomach was hurting. An incident statement [REDACTED] by Staff member C documented that s/he was sitting down completing rounds and noticed Resident A missing during rounds at 2:30pm. Resident was already been found and was in the nurses station when Staff member C noticed that s/he was missing. Staff member C's Resident A's 15 minute observation sheet documented that s/he was outside walking around from 1pm to 2:15pm. Staff responsible for observations on the recreation yard did not ensure that Resident A and B remained within sight observation range at all times.

RTF Regulation Sections 500 -1300

Question ID	Question	Answer
R-61-103-504.B	<p>504.B. The number and qualifications of staff members shall be determined by the number and condition of the residents. There shall be sufficient staff members to provide supervision, direct care, and basic services for all residents. (Class I Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> <p><i>There was not sufficient qualified staff members to provide supervision as determined by the condition of residents; i.e.</i></p> <p>An incident report [REDACTED] documented [REDACTED] at approximately [REDACTED] a total of 9 residents eloped from facility grounds. Some exited by way of the back exit of the downstairs [REDACTED] via climbing over the fence and some exited through the front main entrance/exit door. The shift leader and other staff members searched the perimeter and found one resident and returned him/her to the facility. Florence Police Department was immediately notified and assisted with locating the other (8) eight residents. Florence Department Police Officers escorted all residents back to the facility within 30-40 minutes. Each resident was assessed and placed on or continued on Elopement Precautions.</p> <p>All 9 residents eloped from the [REDACTED] on 2nd shift. There were 14 residents on th [REDACTED] 3 staff were required for the census per the facility's policy. According to staffing documentation, 3 staff members were assigned to the unit.</p> <p>However, the residents who eloped have the following conditions, and there was not sufficient staff on the unit to provide adequate supervison based on the condition of the residents.</p> <p>- Resident A's clinical record documented that s/he has had several incidents in which s/he has behaviors: [REDACTED] hugging and kissing [REDACTED] walking out of group room, elope outside door, peel paint off wall, [REDACTED] fighting with peer, non-complian [REDACTED] constantly walking out of classroom without permission and unauthorized areas, [REDACTED] constantly walking away without permission and in unauthorized area, [REDACTED] walking out of classroom without permission in unauthorized area, disrupting the milieu, kicking staff and threatening staff and peers, outof control, [REDACTED] constantly walking away, in unauthorized area(another unit), threatening to get staff fired by lying, out of control, [REDACTED] attacked another resident, consistently out of classroom, threaten to hit staff out of control, [REDACTED] constantly walking away without permission into another unit, follow staff and teasing another resident, [REDACTED] refuse to</p> 	<p>OUT (Repeat)</p>

go to school [REDACTED] constantly walking away to another unit and refuse to leave another peer room, [REDACTED] constantly walking away without permission [REDACTED] eloped from facility. Staff documented that Resident A has been out of control and need multiple staff to calm him/her down.

- Resident C's clinical record documented that has [REDACTED] and s/he eloped from the facility [REDACTED]

- Resident D's clinical record documented that has caused resident conflict and chaos on the unit [REDACTED] S/he has been running away and engaging in significant property destruction. Resident D eloped on [REDACTED] and was on special precautions for an elopement attempt on [REDACTED]

- Resident E's clinical record documented that s/he has [REDACTED] and attempted to elope on [REDACTED] and has eloped on [REDACTED] with other residents.

- Resident F's clinical record documented that s/he has [REDACTED] There is mention of an elopement on [REDACTED] but no notes surrounding the incident. Resident F eloped on [REDACTED] with 8 other residents.

- Resident G's clinical record documented that s/he has [REDACTED] and that s/he has stated that s/he does not feel safe in the facility. S/he was placed in CPI [REDACTED] and eloped from the facility [REDACTED]

- Resident H's clinical record documented that s/he attempted to elope [REDACTED] and eloped [REDACTED]

- Resident I's clinical record documented that s/he eloped on [REDACTED] [REDACTED]

Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention



PLAN OF CORRECTION REPORTING FORM BUREAU OF HEALTH FACILITIES LICENSING

INSPECTION INFORMATION

License Number:

RTF-0014

Facility Type:

HL- Residential Treatment for Children & Adolescents

Facility Name:

PALMETTO PEE DEE RESIDENTIAL TREATMENT CENTER

Inspection Date:

05/22/2018

Submission Date:

06/18/2018

Type of Inspection:

Investigation

ADMINISTRATOR'S CERTIFICATION

By checking this box, I attest that I am the administrator of the facility/activity and that this plan of correction is accurate. Additionally, I certify that the plan of correction describes the actions taken to correct each cited deficiency, the actions taken to prevent similar recurrences and the actual or expected completion date.

Checked

Administrator Name:

Dan Eichelberger

E-mail:

daniel.eichelberger@uhsinc.com

Phone:

(843) 667-0644

RESPONSE TO CITATIONS

Section:	Was Completion Date Provided?	Completion Date (Actual or Expected):
400.A.1		01/29/2018
<p>Corrective Action:</p> <p>As a result of the incident that occurred on [REDACTED] The incident was fully investigated by facility administration and the incident was reported to DHEC. 4 staff were immediately suspended while facility administration conducted the investigation. 2 staff returned from the suspension and 2 were terminated for failure to ensure appropriate supervision and appropriate documentation. The other staff involved were given additional training and coaching on ensuring appropriate patient rounding and bathroom protocols.</p>		
<p>Preventive Action:</p> <p>Risk management and facility administration conducted re-training and education on patient supervision, bathroom protocols, and daily programming expectations and unit schedule adherence. The training is given to all staff during orientation, but had been re-visited and retrained to supervisory staff as a result of this particular incident.</p>		
<p>Optional Comments:</p>		
<p>Response Approved:</p>		

Section: Was Completion Date Provided? Completion Date (Actual or Expected):

504.B Yes 06/04/2018

Corrective Action:

Facility was in ratio according to policy on the dates indicated in the citation. Facility has overstaffed the units involved in the incidents referenced to meet the need and conditions of the residents. The facility routinely meets the 1:5 ratio, but has responded to the need and conditions of the residents by staffing at a 1:4 ratio, and at times 1:1 ratio depending on the needs of our residents.

Preventive Action:

Facility administration will evaluate the needs and conditions of all residents and may determine that additional staffing is required. Behaviors such as elopement, aggression, self-injury, etc, may require additional staffing. Facility administration will determine, in accordance and collaboration with treatment team, if resident's condition requires additional interventions such as staffing etc.

Optional Comments:

see addendum to POC attached (AS(6/29/2018))

Response Approved:

Yes

LOG INFORMATION SECTION

Report of Visit Delivery Date:**Plan of Correction Due Date:****Date Plan of Correction was Reviewed:**

06/29/2018

Reviewed by:

AS

Comments:**Plan of Correction Approved:****Decision By:**

AS

Decision Date:

06/29/2018

Remove POC:

UPLOAD DOCUMENTS

File Upload**Plan of Correction Log Number:**

MPC06053-18

DHEC Form 0284 (05/2014)



PLAN OF CORRECTION REPORTING FORM BUREAU OF HEALTH FACILITIES LICENSING

INSPECTION INFORMATION

License Number:

RTF-0014

Facility Type:

HL- Residential Treatment for Children & Adolescents

Facility Name:

PALMETTO PEE DEE RESIDENTIAL TREATMENT CENTER

Inspection Date:

05/22/2018

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06/18/2018

Type of Inspection:

Investigation

ADMINISTRATOR'S CERTIFICATION

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Checked

Administrator Name:

Dan Eichelberger

E-mail:

daniel.eichelberger@uhsinc.com

Phone:

(843) 667-0644

RESPONSE TO CITATIONS

Section:	Was Completion Date Provided?	Completion Date (Actual or Expected):
400.A.1	Yes	01/29/2018
<p>Corrective Action:</p> <p>As a result of the incident that occurred on [REDACTED] The incident was fully investigated by facility administration and the incident was reported to DHEC. 4 staff were immediately suspended while facility administration conducted the investigation. 2 staff returned from the suspension and 2 were terminated for failure to ensure appropriate supervision and appropriate documentation. The other staff involved were given additional training and coaching on ensuring appropriate patient rounding and bathroom protocols.</p> <p>Preventive Action:</p> <p>Risk management and facility administration conducted re-training and education on patient supervision, bathroom protocols, and daily programming expectations and unit schedule adherence. The training is given to all staff during orientation, but had been re-visited and retrained to supervisory staff as a result of this particular incident.</p> <p>Optional Comments:</p> <p>Response Approved:</p>		

Yes

Section: Was Completion Date Provided? Completion Date (Actual or Expected):

504.B Yes 06/04/2018

Corrective Action:

The facility has increased staffing in the units indicated in this citation. The facility's staffing policy was met during the incidents cited, however in response to the "conditions of the residents", the facility has increased staffing ratios from 1:5 in routine circumstances, to 1:4, and even 1:1 depending on severity of behaviors.

Preventive Action:

Staffing ratios and assignments will continue to be verified and documented daily. In addition to ensuring appropriate staffing based on policy requirements, the facility administration may continue to overstaff certain units in response to needs and conditions of residents. Behaviors such as elopements, aggression, self-harm, may all call for additional staffing and will be determined by administration in cooperation with treatment team recommendations.

Optional Comments:**Response Approved:**

No

LOG INFORMATION SECTION**Report of Visit Delivery Date:****Plan of Correction Due Date:****Date Plan of Correction was Reviewed:**

06/20/2018

Reviewed by:

AS

Comments:**Plan of Correction Approved:****Decision By:**

AS

Decision Date:

06/22/2018

Remove POC:**UPLOAD DOCUMENTS****File Upload****Plan of Correction Log Number:**

MPC06052-18

DHEC Form 0284 (05/2014)